View metadata, citation and similar papers at core.ac.uk

brought to you by CORE

provided by Springer - Publisher Connector

Manzionna and Di Mauro *Italian Journal of Pediatrics* 2014, **40**(Suppl 2):A4
http://www.ijponline.net/content/40/S2/A4

ITALIAN JOURNAL OF PEDIATRICS

MEETING ABSTRACT Open Access

# Rooming-in organization to prevent neonatal mortality and morbidity in late preterm infants

Mariano Manzionna[1*], Antonio Di Mauro[2]

*From* XX National Congress of the Italian Society of Neonatology
Rome, Italy. 9-11 October 2014

Despite most infants born at 34+0 through 36+7 weeks' gestation are thought to be at low risk during the birth hospitalization and have a neonatal course with no significant complications, they are physiologically and metabolically immature with an higher rates of morbidity and mortality than term infants [1].

Most common medical condition associated with late-preterm births are respiratory distress, apnea, temperature instability, hypoglycemia, hypocalcemia, jaundice, poor feeding, sepsis and finally an higher rates of the hospital readmissions during the neonatal period. These morbidities result in workup for sepsis evaluations, antibiotic therapy, intravenous fluid administration, ventilatory support and increased length of stay with higher hospital costs [2].

Rooming-in organization of late preterms births aims to assess and identify risk factors, prevent and manage potential medical complications during hospitalization. Interventions and practices reccomended are illustred in table 1.

Evidence of physiologic maturity, feeding competency, thermoregulation and absence of medical of medical illness are minimum discharge criteria for late-preterm newborns. Furthermore it's of great importance to assess educational programs with special instruction and guidance to parents, engaging families in providing appropriate home care after hospital discharge. A long term follow-up arrangements is also recommended to assess and plan early interventions in case of neurodevelopment delay [4].

We conclude that, based on the significant morbidity and mortality of late preterm births, the health care focus on prematurity should be expanded to include the late preterm period.

**Authors' details**
[1]Pediatric Unit, Maternal and Child Health Department, S. Giacomo Hospital, ASL BA, Monopoli (Bari), Italy. [2]Neonatology and Neonatal Intensive Care Unit, Department of Biomedical Science and Human Oncology, University of Bari "Aldo Moro", Bari, Italy.

**Table 1 Assessment and care of the late preterm infant [3].**

| |
|---|
| Assess gestational age of neonate |
| Assess and monitor respiratory status |
| Appropriate respiratory interventions |
| Assess for risk factors and symptoms of heat loss and/or cold stress |
| Interventions to maintain a neutral thermal environment |
| Interventions and assessment of hypoglycemia including transfer to higher acuity unit or facility if indicated |
| Assess for maternal and neonatal risk factors for sepsis |
| Antibiotic therapy and diagnostic evaluation if sepsis is suspected |
| Assess for presence of jaundice and hyperbilirubinemia |
| Phototherapy as indicated |
| Parent education regarding signs and symptoms of jaundice and hyperbilirubinemia |
| Breastfeeding, and support for breastfeeding mothers including observation, education and validation |
| Discharge planning including parent education, counseling, and validation of knowledge about recognizing and acting on risk factors |

* Correspondence: mariano.manzionna@alice.it
[1]Pediatric Unit, Maternal and Child Health Department, S. Giacomo Hospital, ASL BA, Monopoli (Bari), Italy
Full list of author information is available at the end of the article

BioMed Central

© 2014 Manzionna and Di Mauro; licensee BioMed Central Ltd. This is an Open Access article distributed under the terms of the Creative Commons Attribution License (http://creativecommons.org/licenses/by/4.0), which permits unrestricted use, distribution, and reproduction in any medium, provided the original work is properly cited. The Creative Commons Public Domain Dedication waiver (http://creativecommons.org/publicdomain/zero/1.0/) applies to the data made available in this article, unless otherwise stated.

Published: 9 October 2014

**References**

1. Engle WA, Tomashek KM, Wallman C: **"Late-Preterm" Infants: A Population at Risk.** *Pediatrics* 2007, **120(6)**:1390-1401.
2. Engle WA: **Infants Born Late Preterm: Definition, Physiologic and Metabolic Immaturity, and Outcomes.** *Neoreviews* 2009, **10(6)**:280-286.
3. Association of Women's Health, Obstetric, and Neonatal Nurses (AWHONN): **Assessment and Care of the Late Preterm Infant Evidence-Based Clinical Practice Guidelines.** Washington, DC: AWHONN; 2010.
4. Kugelman A, Colin AA: **Late preterm infants: Near Term But Still in a Critical Developmental Time Period.** *Pediatrics* 2013, **132(4)**:741-751.

doi:10.1186/1824-7288-40-S2-A4
**Cite this article as:** Manzionna and Di Mauro: **Rooming-in organization to prevent neonatal mortality and morbidity in late preterm infants.** *Italian Journal of Pediatrics* 2014 **40**(Suppl 2):A4.

**Submit your next manuscript to BioMed Central and take full advantage of:**

- **Convenient online submission**
- **Thorough peer review**
- **No space constraints or color figure charges**
- **Immediate publication on acceptance**
- **Inclusion in PubMed, CAS, Scopus and Google Scholar**
- **Research which is freely available for redistribution**

Submit your manuscript at
www.biomedcentral.com/submit

BioMed Central